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(THU) 12. 18' 03 14:56/ST. 14:39/NO. 4860347730 P 1

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.
COUNSELORS AT LAW

THE CLARK ADAMS BUILDING
105 WEST ADAMS STREET, SUITE 3600
CHICAGO, ILLINOIS 60603-6299
(312) 704-1890

RICHARD R. TREXLER (1906-1995)
RICHARD A. GIANGIORGI
RAIFORD A. BLACKSTONE, JR.
DAVID J. MARR
LINDA L. PALOMAR
JAMES R. FOLEY
JAMES A. O'MALLEY
TIMOTHY M. MCCARTHY
PAIGE A. KITZINGER

OF COUNSEL
RICHARD BUSHNELL

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FAX: (312) 704-8023
www.trexlaw.com

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NOTES:

Inventor: William F. Nordlin
For: HYDRAULIC PUNCH DRIVER
Serial No.: 10/074,535
Art Unit: 3724
Filed: November 13, 2001
Attorney Ref.: 913/38954/283

KINDLY ACKNOWLEDGE RECEIPT

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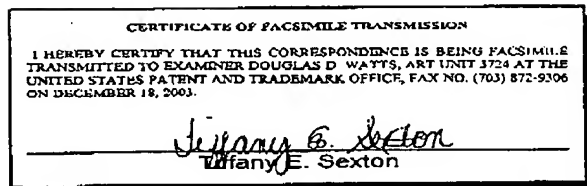
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FORM PTO-1083

Case Docket No. 913/38954/283

In re application of: William F. Nordlin
 Serial No.: 10/074,535
 Filed: November 13, 2001
 For: HYDRAULIC PUNCH DRIVER



MAIL STOP: FEE AMENDMENT
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Sir:

Transmitted herewith is an "Supplemental Amendment And Response to Office Action Dated August 29, 2003" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 22	MINUS	** 22	= 0
INDEP.	* 5	MINUS	** 4	= 1
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee		Rate	Addit. Fee
x 9 =	\$.00		x 18 =	\$.00
x 43 =	\$.00		x 86 =	\$ 86.00
+ 145 =	\$.00		+ 290 =	\$.00
TOTAL ADDIT. FEE	\$.00	OR	TOTAL	\$ 86.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Enclosed is a Petition For One-Month Extension Of Time
- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 196.00 in order to cover the fees associated with the filing of the Supplemental Amendment and the fees associated with the filing of the Petition For One-Month Extension Of Time. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: 12/18/03

James A. O'Malley
 Richard A. Giangiorgi, Reg. No. 24,284
 Linda L. Palomar, Reg. No. 37,903
 James A. O'Malley, Reg. No. 45,952
 Attorney of Record

TREXLER, BUSHNELL, GIANGIORGIO, BLACKSTONE, & MARR, LTD. • 105 W. ADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

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